

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE INTEREST OF

**Consent to Termination
of Parental Rights (Affidavit)**

_____ a person under the age of 18.

_____ Date of Birth

Case No. _____

Under oath, I state:

1. My name is _____

My address is _____

My date of birth is _____

2. **For stepparent adoptions:**

- I am the ☐ mother ☐ father of this child
- The child ☐ was ☐ was not born during a marriage with the other parent.

For non-marital, non-adjudicated alleged fathers:

- I have never been married to _____, mother of this child.
- I have never been adjudicated (formally determined by a court) to be the father of this child.
- I am aware that I am alleged to be the father of this child.
- I am not admitting or denying that I am the father of this child.

3. I know that a petition to terminate my parental rights has been or will be filed.

4. I have been informed and understand that a court order terminating parental rights will permanently end **ALL legal rights and duties** that exist between myself and this child, such as:

- Duty to support
- Right to custody and visitation
- Right to inherit

5. I wish to give up any parental rights that I may have to this child and consent to the court entering an order terminating my parental rights.

6. I give up the right to know of any future hearing or proceedings in this matter.

7. I am making this decision on my own free will. No promises or threats have been made to get me to sign this document.

Subscribed and sworn to before me
on __________
Signature_____
Notary Public, State of Wisconsin_____
Name Printed or Typed

My commission expires: _____

Date*Two witnesses: (Stepparent adoptions only)*_____
Signature of Witness_____
Signature of Witness